



# UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

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### **USANZ welcomes US Preventative Services Task Force new recommendation on Prostate Cancer testing**

The Urological Society of Australia and New Zealand welcomes the latest United States Preventative Services Task Force (USPSTF) Recommendation Statement on prostate cancer testing which replaces its controversial 2012 guidelines which advised against testing for the disease.

The US Preventative Task Force makes recommendations about the effectiveness of specific preventative care services for patients without obvious related signs or symptoms.

Its latest statement says the decision about whether to be screened for prostate cancer should be an individual one and recommends clinicians inform men ages 55 – 69 about the potential benefits and harms of prostate-specific antigen (PSA) – based screening for prostate cancer.

The USPSTF said changes to its recommendation was “based in part on additional evidence that increased the USPSTF’s certainty about the reductions in risk of dying of prostate cancer and risk of metastatic disease.”

This included evidence from a large European trial, European Randomised Study of Screening for Prostate Cancer (ERSPC), that PSA-based screening programs in men aged 55 – 69 may prevent up to 1 to 2 deaths from prostate cancer over approximately 13 years for every 1000 men screened and may also prevent up to 3 cases of metastatic prostate cancer per 1000 men screened over 13 years.

“This is a significant shift and we are delighted the United States Preventative Services Task Force has revised its recommendation to a position much closer to ours,” said Adjunct Professor Peter Heathcote, President of the Urological Society of Australia and New Zealand.

“The Urological Society of Australia and New Zealand always believed the USPTF 2012 position was flawed and potentially harmful.”

In 2012 USPSTF recommended against PSA testing altogether arguing the harms outweighed the benefits. The statement generated widespread publicity around the world and there was a subsequent drop in PSA testing not just in the United States but also in Australia.

“We have been very concerned about the longer-term impact of a decline in PSA testing in Australian men and the potential consequences for those men who may have benefited from testing who either were not offered, or did not seek, PSA testing as a result of these high profile recommendations,” said Adjunct Professor Heathcote.

“There has been a significant increase in the incidence of metastatic, non-curable, prostate cancer at diagnosis since the USPSTF recommendations in 2012.

“We acknowledge the PSA blood test is not infallible and that previously there was over diagnosis and overtreatment of prostate cancer, but since the early days of PSA testing we have become much more sophisticated at managing the disease to ensure the best possible oncological and quality of life outcomes for men including the use of Active Surveillance for low risk disease.

“Ultimately the PSA blood test remains the best test available for detecting early prostate cancer and can be the first sign that a man is harbouring a prostate cancer that is still localised to the prostate, but that could spread and kill him if left untreated.”

Last year Australia achieved a ‘world-first’ with agreement being reached among peak medical bodies on guidelines around PSA testing.

The consensus guidelines developed by an expert advisory panel, that included GPs, epidemiologists, urologists, oncologists, consumers, psychologists, pathologists and public health experts, provide clarity about the use of the PSA test and the best approach to testing for prostate cancer which is the second most common cause of cancer-related death among men in Australia.

The aim of the guidelines is to ensure men who are unlikely to benefit aren’t unnecessarily tested or treated while ensuring those men who are at risk of life-threatening disease aren’t missed.

“The new Australian guidelines were a major breakthrough which should ensure Australian men can feel confident they are receiving consistent advice and clinical care based on the most contemporary, peer-reviewed evidence. It’s about making sure we test the right men at the right time, and ensuring those men who are diagnosed with prostate cancer are given appropriate treatment according to their risk profile. Importantly the guidelines help ensure men avoid over-treatment, and subsequent side effects.”

The guidelines – *Clinical practice guidelines for PSA testing and early management of test-detected prostate cancer* - were facilitated by Cancer Council Australia and the Prostate Cancer Foundation of Australia and have been endorsed by the NHMRC.

### **What the Australian guidelines recommend:**

#### **Test the right age group**

Most men should be tested between the ages of 50 – 69 years of age, however those with a family history of prostate cancer should be offered an initial PSA at 40 - 45 years with further testing in both groups directed by the PSA level.

#### **Inform men about the harms and benefits**

Men should be made aware that if a PSA level is above 3ug/L or is rising abnormally they may require further tests such as a MRI and or biopsy.

If significant cancer is found, treatments may impact their quality of life.

Patients diagnosed with low-grade prostate cancer do not need treatment but may be safely monitored under active surveillance, and only treated if the disease progresses.

If a man wishes to have regular testing he should have a PSA test every two years.

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